

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8086</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RUSSEL S SIMONCELLI</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>739 S 25th AVE</u> City <u>BELLWOOD</u> State <u>IL</u> ZIP Code + 4 <u>60104-1955</u>	4. Name, file number, and address of labor organization. Name <u>CEMENT MASONS UNION LOCAL NO. 502</u> Labor Organization File Number <u>012-533</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>739 S 25th AVE</u> City <u>BELLWOOD</u> State <u>IL</u> ZIP Code + 4 <u>60104-1955</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Russell S. Simoncelli

On

7-9-05

Date

Telephone Number

Name of Person Filing

ROSSEL S SIMONCELLI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

ARNOLD AND KADJAV

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1960 JACKSON BLVD

City

CHICAGO

State

IL

ZIP Code + 4

60604-3958

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

CEMENT WORKERS UNION LOCAL 400 SCL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

739 S 25th AVE

City

BELLWOOD

State

IL

ZIP Code + 4

60604

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

WESSELHOFF RETIREMENT LUNCH CON

12.b. Amount.

4632

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment

Name of Person Filing

RUSSEL S SIMONCELLI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LEGACY PROFESSIONALS LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 N. CASALE

City CHICAGO

State IL ZIP Code + 4 60602-2595

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS UNION LOCAL NO. 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S. 25th Ave

City BLUEWOOD

State IL ZIP Code + 4 60104-1994

11.a. Nature of such dealing.

UNION AUDITOR

11.b. Approximate dollar value of such dealing.

24500.00

12.a. Nature of interest held or income received.

WESSELHOFF RETIREMENT LUNCHEON

12.b. Amount.

4632

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>RUSSEL C SIMONCELLI</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LEGACY PROFESSIONALS LLP
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 30 N. CASALE
City CHICAGO
State IL ZIP Code + 4 60602-2545

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CENTRAL MASONIC UNION LOCAL NO. 502
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 739 S. 25th Ave
City BELLEVILLE
State IL ZIP Code + 4 62014-1994

11.a. Nature of such dealing.

UNION AUDITING

11.b. Approximate dollar value of such dealing.

24500.00

12.a. Nature of interest held or income received.

BASEBALL TICKETS

12.b. Amount.

215.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing

RUSSEL J SIMONCELLI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LEGACY PROFESSIONALS LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 N CASALE

City CHICAGO

State IL ZIP Code + 4 60602-2545

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASON'S UNION LOCAL 100, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th Ave

City BELLWOOD

State IL ZIP Code + 4 60604-1994

11.a. Nature of such dealing.

UNION AUDITOR

11.b. Approximate dollar value of such dealing.

24,500.00

12.a. Nature of interest held or income received.

ROUND OF GOLF

12.b. Amount.

152.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing

RUSSEL C SIMONCELLI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJANTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1910 JACKSON BLVDCity CHICAGOState IL ZIP Code + 4 60604-3958

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CONCRETE MASON'S UNION LOCAL 100, SDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 739 S 25TH AVECity DEERFIELDState IL ZIP Code + 4 60015

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

CHRISTMAS PARTY

12.b. Amount.

140.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

ROSSEL S SIMONCELLI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND KADJANTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1910 JACKSON BLVDCity CHICAGOState IL ZIP Code + 4 60604-2958

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLEVELAND MASON'S UNION LOCAL NO. 502Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 739 S 25th AVECity BELLEVILLEState IL ZIP Code + 4 62014

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

CASE OF HOLIDAY SPIRITS

12.b. Amount.

22146

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.